

**63-030542**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

**Registrar's No.:**

STATE FILE NUMBER

**AMENDED**

FILED JUL 25 1964

DATE AMENDED

1

[illegible]

3

**INSTEAD OF**

### SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

BY AFFIDAVIT OF Oswald Madison - Unknown DOCUMENT

## MEDICAL CERTIFICATION

**DOCUMENT**

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b>		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>7 days</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF DECEASED (If not in hospital, town, or institution) <b>St. Louis Little Rock Hosp. Inc.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4130 Springfield</b>	
3. NAME OF DECEASED (Type or print) First <b>Nelson</b>		Middle <b>(NMN)</b>		Last <b>Stanfield</b>	
4. DATE OF DEATH Month <b>July</b>		Day <b>11</b>		Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-3-1902</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Louise Stanfield</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>No</b>		16. SOCIAL SECURITY NO. <b>7</b>	
17. INFORMANT <b>Louise Stanfield, Kansas City, Kansas</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Brain tumor, left frontal</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>237x</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Meningo-Vascular Les. &amp; Diabetes Mellitus</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>July 4, 1963</b> to <b>July 11, 1963</b> and last saw him <b>xx</b> alive on <b>July 10, 1963</b> Death occurred at <b>1:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Massao Okamoto M.D.</b>		22b. ADDRESS <b>1755 South Grand Blvd.</b>		22c. DATE SIGNED <b>7/11/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>July 11, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Watson Bros. Funeral Home, Kansas City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 11 1963</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>	

JUL 29 1963

MAR 5 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Thomas M. Robert*

Licensed Embalmer No.

*4479*

P. O. Address

*East St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.